

A COMPARISON OF SELF-CONCEPTS OF CHEMICALLY DEPENDENT
WOMEN BEFORE AND AFTER TREATMENT IN A HOSPITAL
ALCOHOLIC UNIT IN DES MOINES, IOWA

An abstract of a Field Report by
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The self-concept of fifty chemically dependent women as reported on the Tennessee Self-Concept Scale before and after treatment is compared. A null hypothesis which stated that there is no difference in the total positive self-concept score before and after treatment among chemically dependent women in an alcoholic treatment unit in Des Moines, Iowa, was rejected.

Descriptive data show that in each area of self-concept, scores moved from a more deviant, negative self-concept at the initial testing to a more normal self-concept at the second testing. The total positive score, representing a composite picture of the way one sees herself made a significant change. Statistical analysis on that scale reveal that women leave with an improvement in self-concept and are generally happier, more confident, and self-fulfilling as individuals than upon admission.

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Patricia A. Joachim
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Chapter 1

INTRODUCTION

Statement of the Problem

A number of personality theorists have made self-concept a central construct in their explanation of adaptive and maladaptive behavior. Most of these theorists emphasize that an individual's self-perceptions influence or determine what he/she does and that behavior is generally consistent with this self-view.¹

The problem of this study involves the comparison of the basic formulations inherent in self-theory as expressed through the use of the Tennessee Self-Concept Scale before and after treatment among chemically dependent women.

Questions to be Answered

1. What is the level of self-concept of alcoholic women as they enter treatment?
2. What happens to the level of self-concept as women alcoholics approach discharge?

¹William F. Gross and Linda Alder, "Aspects of Alcoholics' Self-Concepts as Measured by the Tennessee Self-Concept Scale," Psychological Reports, XXVII (1970), 431-434.

Limitations of the Study

The study involves only women in treatment at the Powell III Alcoholic Treatment Unit, Iowa Methodist Medical Center, Des Moines, Iowa.

Assumptions

The assumption is made that the clients will respond to the Tennessee Self-Concept Scale as honestly as possible.

Definitions

An alcoholic, as referred to in this study, is a person whose consumption of a chemical substance has caused him/her to be dysfunctional in one or more areas of life--physical, mental, emotional, social, marital, legal, financial, or vocational, and has led to his/her admission to the Powell III Alcoholic Treatment Unit, Iowa Methodist Medical Center, Des Moines, Iowa.

Rationale

Successful chemical dependency recovery programs emphasize the alcoholic's acceptance of the personal situation of living and learning to cope with living without drinking.

This social model of recovery focuses on strength, on positive aspects of sobriety, on living and growing for

one's own sake, and substituting dependence on satisfying interpersonal relationships for dependence on alcohol.

Very few studies are investigating what is being done with alcoholic women in the area of treatment and whether what is being done is as effective as it could be. It is essential to look at specific programs for women and to assess whether the treatment process is effective and appropriate.¹

According to Fitts,² to enhance the effectiveness of a rehabilitation program, counselors should assess the client's self-concept. Other personality theorists agree that an individual's self-perceptions influence or determine what he/she does, and that behavior is generally consistent with this self-view. Studies by Lee,³ Diggory,⁴ Combs,⁵

¹Diane LeMay, "The Need for an Awareness of Specialized Issues in Counseling Alcoholic Women," Personnel and Guidance Journal, October 1980, p. 105.

²William H. Fitts, The Self-Concept and Performance (Nashville: Counselor Recordings and Tests, 1972), p. 1.

³W. Lee, "The Measurement of Self-Esteem for Program Evaluation," Journal of School Psychology, X (1972), 61-68.

⁴J. C. Diggory, Self-Evaluation: Concepts and Studies (New York: John Wiley & Sons, 1966), pp. 91-114.

⁵A. W. Combs, D. W. Soper and C. C. Courson, "The Measurement of Self-Concept and Self-Report," Educational and Psychological Measurement, XXIII (1963), 493-500.

and Ziller,¹ also conclude that self-concept is a fairly personal attribute, that it can be usefully measured, and that there are a variety of effective assessment strategies.

The Tennessee Self-Concept Scale has been referred to in a number of published studies and was chosen for this study because of the scale's reliability, validity, and because normative data exist for the scale. Through the comparative data that will be obtained it will be possible to test the basic formulations inherent in self-theory as they relate to the self-defeating behavior of the alcoholic.

¹R. Ziller, "Self-Esteem: A Self-Social Construct," Journal of Consulting and Clinical Psychology, XXXIII (1969), 84-95.

Chapter 2

REVIEW OF RELATED LITERATURE

There has been a progressive increase in the estimated number of women alcoholics in the United States in the past ten years. A recent article sites the figure as being close to one million,¹ a significant rise since 1975 when the number was quoted as being 900,000.²

It is unclear whether this perceived increase is the result of more women becoming addicted to alcohol than ever before or whether it reflects a greater willingness on the part of alcoholic women and their families to identify the problem and seek earlier treatment. It is apparent, however, that counselors and other mental health professionals who counsel alcoholics attempt to explore how to treat female alcoholics most effectively.³

¹E. S. Gomberg, "Women with Alcohol Problems," Alcoholism: Development, Consequences, and Interventions, eds. N. J. Estes and M. E. Heinemann (St. Louis: C. V. Mosby, 1977), pp. 174-185.

²Linda J. Beckman, "Women Alcoholics: A Review of Social and Psychological Studies," Journal of Studies of Alcohol, XXXVI (1975), 797-824.

³LeMay, pp. 103-106.

There is a tendency to identify the alcoholic person first and foremost as an alcoholic, regardless of sex or other variables. Although this tendency has a certain amount of physiological validity, a significant number of studies are beginning to differentiate between male and female alcoholics on sociological and psychological dimensions.¹

Among the differences cited in the literature between the sexes regarding chemical dependency are the reasons for drinking. Role crises such as divorce, miscarriage, the death of a child, spouse, or parent, or a major operation seem to frequently precede the onset of heavy drinking for many women patients. Beckman² and other researchers³ support the idea that expected feminine role behavior presents conflicts for many women alcoholics.

In addition, these researchers report that women tend to stay with their alcoholic husbands, whereas men tend to abandon or divorce alcoholic wives. Also, family denial and protectiveness are much stronger toward female alcoholics

¹Ibid., pp. 103-106.

²Beckman, pp. 797-824.

³M. L. Belfer, R. T. Shader, M. Carroll and J. S. Harmatz, "Alcoholism in Women," Archives of General Psychiatry, XXV (1971), 540-544.

than male alcoholics. In most cases, women seek treatment later than men and have fewer opportunities to become involved in treatment. And the onset of alcoholism in women seems to occur at a later age than it does for men.

Women seem to exhibit more psychiatric symptoms along with their alcoholism than men. Curlee¹ notes that it is difficult to determine if women actually do manifest more psychiatric symptoms or if society has a tendency to view women as "mentally ill" more readily than they view men as mentally ill. Women are also more apt to take other drugs, such as Valium or Librium, along with alcohol. The drugs are most often prescribed by physicians who are unaware of the alcohol problem or who lack expertise in diagnosing and treating it effectively.²

Alcoholic women tend to feel powerless, which results in an inability to express anger or to be assertive and leads to an unrealistic need for approval from others to validate their self-concept.³ While all women are faced with issues in our society at large, they are particularly evident in alcoholic women who have found nonproductive ways of

¹J. A. Curlee, "A Comparison of Male and Female Patients at an Alcoholism Treatment Center," Journal of Psychology, 1970, pp. 239-247.

²LeMay, pp. 103-106.

³Ibid.

coping with or resolving these feelings of low self-esteem.

Self-concept studies focus on what a person is, or thinks he is, rather than on what he does. Methodologically, this depends upon conscious self-evaluation and self-report. Furthermore, the self-concept is an everchanging facet of the personality and therefore becomes more or less positive or negative depending on life experiences which affect it.¹ Because a number of studies have found the self-esteem of the alcoholic population being studied to be significantly lower than their control population,² it concludes that to be effective, treatment would need to result in increased self-esteem.

Blume³ points out a genuine need for research specifically with the women alcoholic in order to improve treatment. She states that because of the reduced numbers of women in sample populations, results of studies are less conclusive and that treatment-related, practical decisions are made on the basis of researchers on very small numbers of subjects.

¹Denise Bennett, "Alcoholism and Self-Esteem: A Study of the Leo B. Sedlacek Alcoholism Treatment Center," (thesis, Coe College, Cedar Rapids, Iowa, May 1978), p. 7.

²Ibid.

³Sheila Blume, "Diagnosis, Casefindings, and Treatment of Alcohol Problems in Women," Alcohol Health and Research World, III (Fall, 1978), 20.

Studies which look at treatment results provide a mixed, often conflicting picture in relation to the male patient, and usually have excluded the female altogether. Those outcome surveys which have included women in their surveys concluded, in part, that treatment is "less satisfactory" for women than for men.¹

Blume concludes that broad outcome studies of the results of total treatment programs are of less interest and value than specific studies of the effectiveness of specific treatments in specifically defined groups.

Ibid., p. 19.

Chapter 3

PROCEDURES

General Design

Permission to implement the research project was secured from the Medical Director of the Alcoholic Treatment Unit, Dr. Stan Haugland, at Iowa Methodist Medical Center. His secretary informed the researcher of each newly admitted woman and these patients were then contacted to arrange the initial testing. Each woman was administered the Tennessee Self-Concept Scale on either a Tuesday or Thursday from 12:30 to 1:00 P.M. in a small conference room in the unit.

Each individual was re-administered the Tennessee Self-Concept Scale two days prior to discharge. The answer sheets from both settings were mailed to Counselor Recordings and Tests in Nashville, Tennessee, for computerized scoring. The information returned to the treatment center was tabulated and examined to answer the questions raised for this study.

Data and Instrumentation

Self-concept research has been particularly plagued with measurement and criterion problems. William H. Fitts

attempted to overcome some of these problems by developing a self-concept measure, the Tennessee Self-Concept Scale (TSCS).

The TSCS consists of 100 self-descriptive statements to which the subject responds on a five-point response scale ranging from "Completely true" to "Completely false." Ten of these items came from the MMPI Lie Scale and constitute the Self-Criticism Score--a measure of overt defensiveness. The other ninety items were drawn from a large pool of self-descriptive statements. The original criterion for selection was agreement by seven psychologists as to the classification of the items on the basis of their content.

Along with the self-criticism category, scores were obtained for the following subscales: Total Positive, Identity, Self-Satisfaction, Behavior, Physical Self, Moral-Ethical Self, Personal Self, Family Self, and Social Self.

Population and Sample

The population includes all women who have been, are, or ever will be admitted to the Alcoholic Treatment Unit at Iowa Methodist Medical Center, Des Moines, Iowa. The sample for this study includes those women admitted for a six-month period, or until fifty women are studied.

Analysis

Using the Tennessee Self-Concept Scale Profile Sheet, it was possible to compare pre- and post-test self-concepts of the fifty women alcoholics. The direction of change and extent of movement was analyzed both in terms of chart and narrative descriptions. For the total score in the TSCS, a t-test was run on the changed scores using the hypothesis that the mean difference post-minus-pre equals zero.

Chapter 4

FINDINGS

Testing Results

During the period of testing, from July 7, 1980, to February 25, 1981, ninety-two women were admitted to the Powell III program. Sixty of those women went through the entire program and graduated, and thirty-two did not graduate for a variety of reasons. This resulted in a 65.2 percent graduation rate among women admitted.

Of the ninety-two admitted, fifty took both tests and graduated to be used in the study. They ranged in age from fourteen to sixty-eight. Twenty took the initial test, but did not take the second for the following reasons:

1. Eight left the program without staff approval;
2. Six were discharged before graduating with staff approval;
3. Three did graduate but did not complete the second test;
4. One was transferred to an outpatient unit;
5. One filled out the second test incorrectly; and
6. One second test was lost.

Another twenty-two women who were admitted did not

even take the first test. Reasons were:

1. Twelve left without staff approval before it could be administered;
2. Four were missed when the researcher went on vacation;
3. Three were discharged with staff approval before it could be administered;
4. One was transferred to a medical floor before it could be administered;
5. One refused to take the test; and
6. One filled out the initial test incorrectly.

Scoring Results and Description of the Scales

The Profile Sheet (Figure 1) depicts the movement toward a more positive self-image in each of the scores from the initial testing to the second. Scores move from the top or bottom of the graph toward the center in four categories labeled deviant, subnormal, normal, and optimal. Listed below is a description of each score and the movement from one range to another.

- A. Self-Criticism Score--ten mildly derogatory items which most people admit as being true for them. Individuals who deny most of these statements most often are being defensive and making a deliberate effort to present a favorable picture of themselves. Scores were in optimal range.

- B. True/False Ratio (T/F)--an indication of whether the subject's approach to the task involves any strong tendency to agree or disagree. Scores were in the subnormal range.
- C. Conflict Scores--the measurement of the extent to which an individual's responses to positive items conflict with his response to negative items in the same area of self-perception. The Total Conflict Score sums positive and negative discrepancies regardless of sign. Both scores were in the subnormal range.
- D. Total Positive Score--this is the most important single score on the form because it reflects the overall level of self-esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. Persons with low scores are doubtful about their own worth; see themselves as undesirable; often feel anxious, depressed, and unhappy; and have little faith or confidence in themselves. Scores showed a significant improvement moving from deviant to subnormal. (See Tables 1 and 2)
- E. Row 1 P Score - Identity--describes the individual's basic identity, what she is as she sees herself. Scores move from deviant to optimal.
- F. Row 2 P Score - Self-Satisfaction--how the individual

feels about the self he perceives, self-acceptance. Scores move from deviant to subnormal.

- G. Row 3 P Scores - Behavior--measures the individual's perception of his own behavior or the way he functions. Scores move from deviant to subnormal.
- H. Column A - Physical Self--items pertaining to physical attributes or functioning, sexuality, and state of health. Scores move from deviant to subnormal.
- I. Column B - Moral-Ethical Self--items dealing with moral, ethical, and religious aspects of the self. Scores move from deviant to subnormal.
- J. Column C - Personal Self--items describing personal worth or adequacy, self-respect, and self-confidence. Scores move from deviant to subnormal.
- K. Column D - Family Self--items describing the nature of an individual's relationship with his primary group (family and close friends) and his sense of adequacy as a family member. Scores move from deviant to subnormal.
- L. Column E - Social Self--items dealing with one's sense of adequacy or worth in relationship with people in general. Scores move from subnormal to optimal.
- M. Variability Scores--three separate scores including Column Total, Row Total, and Total Variability.

These scores indicate the amount of inconsistency from one area of self-perception to another. Scores are in the subnormal range, with Total Variability moving to optimal.

- N. Distribution--weighs and summarizes the individual's distribution of scores across the five response categories. Scores are generally in the optimal range, with little difference seen between the two testings.
- O. Defensive Positive Scale (DP)--twenty-nine items which make up a subtle measure of defensiveness based on the theory that individuals with established psychiatric difficulties do have negative self-concepts at some level of awareness regardless of how positively they describe themselves on an instrument of this type. Scores move from subnormal to optimal.
- P. General Maladjustment Scale (GM)--twenty-four items which differentiate psychiatric patients from non-patients but do not differentiate one patient group from another. Scores move from deviant to subnormal.
- Q. Psychosis Scale (Psy)--twenty-three items which best differentiate psychotic patients from other groups. Scores move from subnormal to optimal.
- R. Personality Disorder Scale (PD)--twenty-seven items which pertain to people with basic personality defects and weaknesses in contrast to psychotic states or the various neurotic reactions. Scores move from

deviant to subnormal.

S. Neurosis Scale (N)--High T scores indicate high similarity to neurotic patients. Scores move from deviant to subnormal.

T. Personality Integration Scale (PI)--twenty-five items that differentiate the PI group from other groups. The PI group consisted of 75 people who, by a variety of criteria, were judged as average or better in terms of level of adjustment or degree of personality integration. Scores move from subnormal to optimal.

The Number of Deviant Signs Score (NDS)--a count of the number of deviant features on all other scores; the best index of psychological disturbance. This score alone identifies deviant individuals with about 80 percent accuracy based on the hypothesis that individuals who deviate sharply from the norm in minor behaviors are likely to be deviant in more major aspects of behavior. Scores are in the deviant range in the initial testing, and remain there at the second testing, although move toward the normal, and drop from a mean of 38.5 to 15.8 deviant signs.

Tennessee Self Concept Scale

C. WILLIAM H. FITTS 1964

PROFILE SHEET

Clinical and Research Form
PUBLISHED BY
COUNCIL ON RESEARCH AND TESTS
BOX 1104 ACHLEN STA
NASHVILLE, TENN 37211

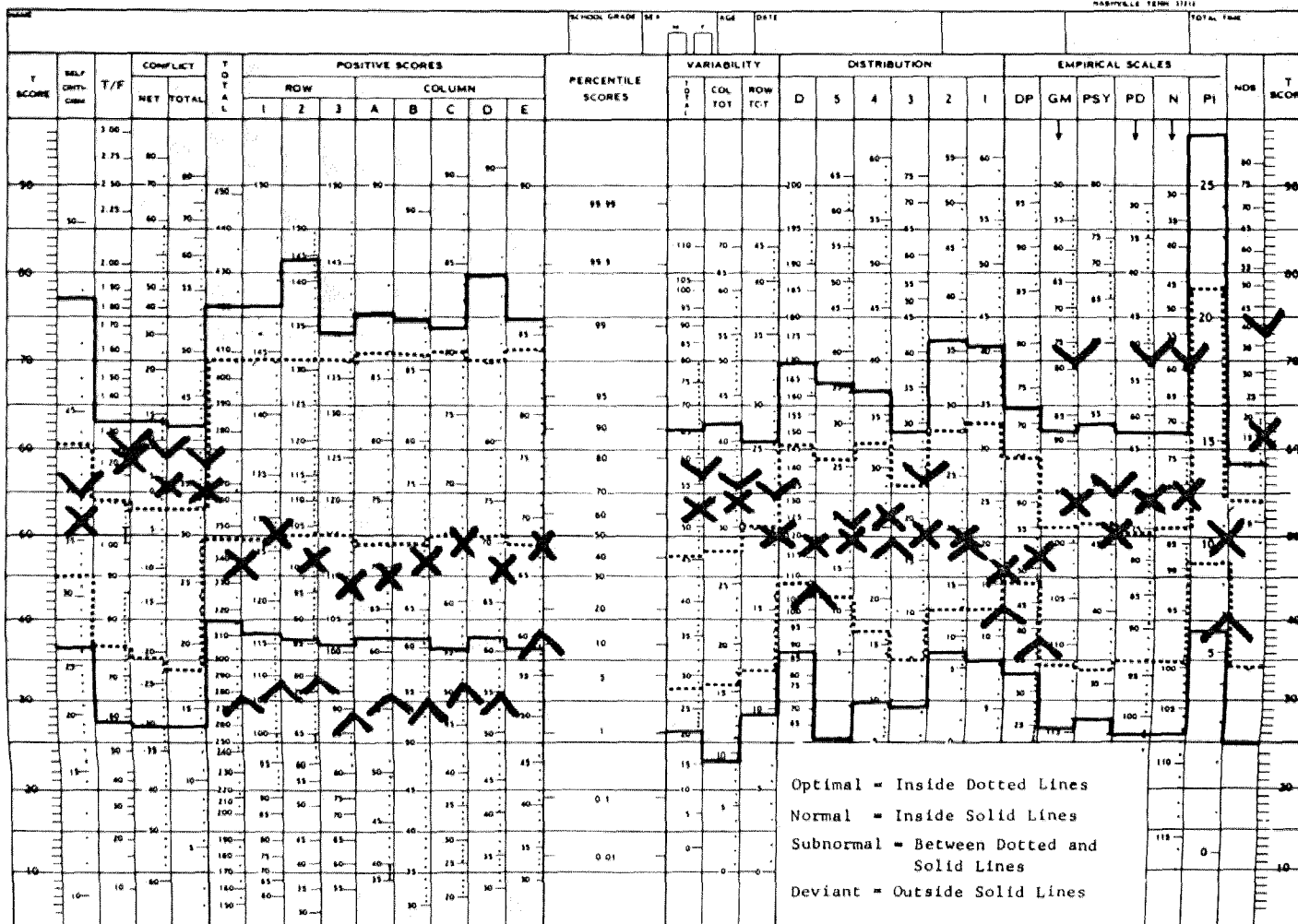


Figure 1
Optimal, Normal and Deviant Ranges for
TSCS Scores

Table 1

Means and Standard Deviations of Pre- and Post-Test
Results by Chemically Dependent Women on Each
Scale of the Tennessee Self-Concept Scale

Scale	Pre-Test Mean/Standard Deviation	Post-Test Mean/Standard Deviation
SC	39.720/ 5.1589	36.820/ 5.3517
T/F	1.248/ 0.4104	1.230/ 0.6995
Net C	7.680/16.1781	2.460/18.6320
Tot C	37.240/10.7562	34.220/11.2509
Total*	275.960/44.6030	339.140/32.7464
Row 1	107.220/16.0233	127.980/ 9.3884
Row 2	79.920/17.2743	101.640/15.6515
Row 3	88.820/15.7787	109.520/12.4969
Col A	56.480/10.6066	69.100/ 9.1076
Col B	54.560/11.2978	68.700/ 7.9031
Col C	50.120/10.7999	64.960/ 7.9049
Col D	54.580/10.8178	67.420/ 8.7320
Col E	60.220/ 8.8831	68.960/ 7.8088
V Tot	57.240/14.2479	53.140/14.6022
V Col	34.520/10.7878	33.300/11.0477
V Row	27.720/ 5.4325	19.840/ 6.3643
Dst D	108.840/25.9122	118.400/26.0729
Dst 5	19.440/11.9132	18.540/11.1432
Dst 4	24.240/10.2550	26.760/10.0154
Dst 3	24.400/10.8759	18.100/10.3633
Dst 2	18.120/ 7.5906	18.640/ 7.9968
Dst 1	13.800/ 8.1816	17.960/ 9.2051
DP	38.380/12.6989	52.860/12.0475
GM	79.460/12.9665	96.020/ 8.3849
Psy	49.980/ 7.4956	46.920/ 7.3868
PD	53.040/12.0830	71.340/10.2093
N	59.860/14.6036	81.320/11.8070
PI	6.800/ 3.6589	10.220/ 3.4951
NDS	58.580/21.0287	15.820/16.9353

*See Table 2.

Table 2

Mean, Standard Deviation, and t Value of the Mean
Difference on the Total Positive Score Between
Pre- and Post-tests of Chemically Dependent
Women on the Tennessee Self-Concept Scale

Pre-Test Mean	Post-Test Mean	t Value
275.960	339.140	- 8.59*

* $p < .05$

Note: Total Positive Score refers to letter D on
scale descriptions.

Chapter 5

SUMMARY AND CONCLUSIONS

The self-concept of fifty chemically dependent women as reported on the Tennessee Self-Concept Scale before and after an approximate thirty day treatment process are compared. Descriptive data show that in each area of self-concept, scores moved from a more deviant, negative self-concept at the initial testing to a more normal self-concept at the second testing. The total positive score, representing a composite picture of the way one sees herself made a significant change. Women, who upon admission to the Powell III Unit, see themselves as undesirable, of little worth, are often anxious, depressed, and unhappy; are leaving with feelings of value and worth, more confidence in themselves and, in general, like themselves.

A number of scores moved from either a deviant or subnormal category to the optimal range. In the area of personal identity, social self, consistency of self-perception, lack of unnecessary defensiveness, lack of psychosis, and overall personality integration, the clients recorded optimal functioning.

The Powell III program, with its emphasis on group dynamics, honest expression of feelings, and responsibility

for one's self within the limitations of the environment, is making an impact on the self-concept of its patients. The significant change in self-perceptions that the women reported attests to that fact. One consideration that bears mentioning, however, is that clients, as they approach discharge, may have a slightly euphoric, unrealistic view of the world "out there" and themselves in it. They have seen where they've been and have come so far. It is possible that an inventory concerning self-perceptions at the point of graduation will be slightly over-rated.

Feelings of self-worth take years to develop after one has learned to deny them. A recommendation would be to carry out this study in terms of testing graduates from a treatment program a year after discharge, and comparing those results with those upon admission to the program. From those comparisons, the long range impact of treatment could be determined and a clearer, more realistic picture of the clients' self-images could be made.

Another possibility for future study might be to compare feelings of self-concept between chemically dependent men and women. This might point out critical differences in various areas of self-perceptions, and lead to a more rehabilitating approach for both women and men.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Beckman, Linda J. "Women Alcoholics; A Review of Social and Psychological Studies." Journal of Studies of Alcohol, XXXVI (July 1975), 797-824.
- Belfer, M. L., R. T. Shader, M. Carroll and J. S. Harmatz. "Alcoholism in Women." Archives of General Psychiatry, XXV (1971), 540-544.
- Bennett, Denise. "Alcoholism and Self-Esteem: A Study of the Leo B. Sedlacek Alcoholism Treatment Center." Thesis, Coe College, Cedar Rapids, Iowa, May 1978.
- Blume, Sheila. "Diagnosis, Casefindings, and Treatment of Alcohol Problems in Women." Alcohol Health and Research World, III (Fall 1978), 10-22.
- Combs, A. W., D. W. Soper and C. C. Courson. "The Measurement of Self-Concept and Self-Report." Educational and Psychological Measurement, XXIII (1963), 493-500.
- Curlee, J. A. "A Comparison of Male and Female Patients at an Alcoholism Treatment Center." Journal of Psychology, 1970, pp. 239-247.
- Diggory, J. C. Self-Evaluation: Concepts and Studies. New York: John Wiley & Sons, 1966.
- Fitts, William H. The Self-Concept and Performance. Nashville: Counselor Recordings and Tests, 1972.
- Gomberg, E. S. Alcoholism: Development, Consequences, and Interventions, eds. N. J. Estes and M. E. Heinemann. St. Louis: C. V. Mosby, 1977.
- Gross, William F., and Linda Alder. "Aspects of Alcoholics' Self-Concepts as Measured by the Tennessee Self-Concept Scale." Psychological Reports, XXVII (1970), 431-434.
- Lee, W. "The Measurement of Self-Esteem for Program Evaluation." Journal of School Psychology, X (1972), 61-68.
- LeMay, Diane. "The Need for an Awareness of Specialized Issues in Counseling Alcoholic Women." Personnel and Guidance Journal, October 1980, pp. 103-106.
- Ziller, R. "Self-Esteem: A Self-Social Construct." Journal of Consulting & Clinical Psychology, XXXIII (1969), 84-95.